## NOTICE OF FILING/CLAIM FEE(S) DUE TO ENSURE PROPER CREDIT OF FEES, PLEASE RETURN A COPY OF THIS FEE CALCULATION SHEET WITH YOUR RESPONSE.

APPLICATION NUMBER:	· . ·	

## Total Fee Calculation

	. A.	700	7 00 0000			•		
	<del>Fee</del> Code	Total	Number Extra	x	Fee	Fee =	Total	
i.	Sm./Lz.				Sm: Entity	Lg. Entity	190	
: Bacic Filing Fee	201/101	r					·	
Total Claims >20	203/103	6	-20 =	X		<del></del> .		
Independent Claims >3	202/102		-3 =	X		<del></del>		
Mult. Dep Claim Fresent	204/104						130	
Surcharge	205/105		·				3	
English Translation	139							
TOTAL FEE CALCU	LATION	••••	-				920	

Fees due upon filing the application:

Less Filing Fees Submitted - \$\_\_\_\_\_

BALANCE DUE

= \$ 920

Sest ANDIIONO COOL

m. Gordon

Office of Initial Patern Examination

							Application or Docket Number					
PATENT APPLICATION FEE DETERMINATION RECOR							RD		••			
		Effe	ctive Octob	oer 1, 1	1997						_	
CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMAI TYP	L ENTITY	OR		R THAN ENTITY	
FOR		NUMBE	ER FILED		NUMBER I		] [	RATE	FEE	]	RATE	FEE
BASI	C FEE					***	] [		395.00	OR		790.00
TOTA	AL CLAIMS	2	minus	3 20 =	*		] [	x\$11=	:	OR	x\$22=	
_	PENDENT CLA			us 3 =	*		┨┃	x41=		OR	x82=	
MULT	IPLE DEPEND	DENT CLAIM PRES	SENT				] [	+135=	=	OR	+270=	
* If th	e difference in co	olumn 1 is less than z	:ero, enter "0" ir	n column	12		•	TOTAL		OR	TOTAL	790
		CLAIMS AS A	AMENDED		RT II olumn 2)	(Column 3)		SMA	LL ENTITY	OR		R THAN ENTITY
		CLAIMS		<del>,</del>	GHEST	(00.0 2,	1 [	Jn., .		7		hal 4
ENT A		REMAINING AFTER AMENDMENT	5.	NU PREV	JMBER VIOUSLY ID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
<b>AMENDMENT</b>	Total	*	Minus	**		=	] [	x\$11=	:	OR	x\$22=	
ME	Independent	*	Minus	***		=	] [	x41=		OR	x82=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					AIM ·	] [	+135=		OR	+270=	
l							<b>-</b> A[	TOTA		OR	TOTAL ADDIT. FEE	
<del></del>	<del> </del>	(Column 1)	, v		olumn 2)	(Column 3)	, J	ال	E	-	ADDIT. I C.	
ENT B		CLAIMS REMAINING AFTER AMENDMENT		NU PRE\	GHEST JMBER VIOUSLY ID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMEN	Total	*	Minus	**		=	] [	x\$11=	:	OR	x\$22=	
MEN	Independent	*	Minus	***		=	ig]  ig[	x41=		OR	x82=	
٩	FIRST PRES	SENTATION OF	MULTIPLE	DEPE	NDENT CL	AIM	] [	+135=	=	OR	+270=	
	(Column 1) (Column 2) (Column 3)						IA	TOTA DDIT. FE	I.E	OR	TOTAL ADDIT. FEE	
ENT C		CLAIMS REMAINING AFTER AMENDMENT		HIC NU PRE\	GHEST UMBER EVIOUSLY AID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
<b>AMENDMENT</b>	Total	*	Minus	**		=	] [	x\$11=	=	OR	x\$22=	
MEN	Independent	*	Minus	***		=		x41=		OR	x82=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +135=						-	OR	+270=			
If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												